

**State of Arizona Acupuncture Board of Examiners**

1400 West Washington, Suite 230, Phoenix, Arizona 850007

(602) 542-3095 FAX (602) 542-3093

www.azacuboard.az.gov

**Change of Name, Address and Telephone Number Notification Form**

This form may be faxed to the Board office only for a change of address/telephone number. If completed for a name change, the form must be mailed to the Board office. Pursuant to A.A.C. R4-8-103, a licensee or certificate holder shall file the person's current mailing address, residential telephone number, and business telephone number with the Board, and shall notify the Board, in writing, within 20 days of any change of mailing address (giving both the old and the new address), or residential or business telephone numbers.

All changes must be submitted in writing. Please print clearly.

Current Name: \_\_\_\_\_ License/Certificate #: \_\_\_\_\_

Type of change requested (choose all that apply):

☐ Name Change    ☐ Home Address/Telephone No.    ☐ Business Address /Telephone No.

**Address Change:**

Home Address: \_\_\_\_\_  
Street (include apartment/unit # if applicable)    City    State    Zip Code

Home Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street (include apartment/unit # if applicable)    City    State    Zip Code

Business Telephone Number: \_\_\_\_\_

**Name Change:** This form cannot be faxed if a change of name is requested.

From: \_\_\_\_\_  
Last                                  First                                  Middle/Initial

To: \_\_\_\_\_  
Last                                  First                                  Middle/Initial

SIGNATURE: \_\_\_\_\_